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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23336 (3)

1. Corporation Name

FOUNDATION FOR TOXIC FREE DENTISTRY, INC.

Principal Place of Business

Mailing Address

5508 EDGWAY DR
ORLANDO FL 32810
USP.O. BOX 608010
4401 REAL COURT
ORLANDO FL 32860-8010
US3. Date Incorporated or Qualified
10/16/19873a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2852773

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIFF, SAM
4401 REAL COURT
ORLANDO FL 32808

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME ZIFF, SAM
STREET ADDRESS 4401 REAL COURT
CITY - ST - ZIP ORLANDO FL1.1 TITLE ☐ Change ☐ AdditionTITLE VSD ☐ DELETENAME ZIFF, MICHAEL J.
STREET ADDRESS 5025 BERMUDA CIRCLE
CITY - ST - ZIP ORLANDO FL1.2 NAME ☐ Change ☐ AdditionTITLE D ☐ DELETENAME HARRISON, JAMES A.
STREET ADDRESS 3015 CONGRESS AVE.
CITY - ST - ZIP LAKE WORTH FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE D ☐ DELETENAME SCHOEN, JOYA M.D.
STREET ADDRESS 701 E ALTAMONTE DR
CITY - ST - ZIP ALTAMONTE SPGS FL1.4 CITY - ST - ZIP ☒ Change ☐ AdditionTITLE D ☐ DELETENAME TRIM, PAT
STREET ADDRESS 104 COVE COLONY RD
CITY - ST - ZIP MAITLAND FL2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY - ST - ZIP ☐ Change ☐ Addition2.5 TITLE ☐ Change ☐ Addition2.6 NAME ☐ Change ☐ Addition2.7 STREET ADDRESS ☐ Change ☐ Addition2.8 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Sam Ziff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

407-295-3773

Date

Daytime Phone # 0018142

CR2E037 (9/96)